

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/529088**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10	1		1			
11		1		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17	1			1		
18		1		1		
19		2		1		
20		2		1		
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27	1		1			
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35		2		1		
36		2		1		
37	1			1		
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39	1			1		
40	1			1		
41	1			1		
42	1			1		
43	1			1		
44	1			1		
45	1			1		
46	1			1		
47	1			1		
48		1		1		
49		1		1		
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						